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ABSTRACT

Attempts at providing drug information and drug education to resident students, Residence Directors (RD's), and Residence Student Advisors (RSA's) at Kent State Universtiy (Ohio) had three major objectives: (1) provide substance abuse awareness to residence hall students by disseminating drug information; (2) supplement the training of RD's and RSA's with drug education; and (3) institute drug education programming in residence halls. The Substance Abuse Committee, consisting of a residence-area coordinator, two RD's, and two RSA's, was formed. Resources for educating students were obtained and distributed, and a survey to ascertain student attitudes and behavior concerning drug use was developed. The first and second objectives were accomplished successfully. The third, implementing drug education in the dormitories, was less successful. It was felt that the university's Department of Residence Services had difficulty in perceiving and understanding the nature of this task and its relation to their operations, and the notion of drug education was mistakenly confused with drug information. Further plans are being made for implementing a comprehensive drug education program. Appendixes include: (1) a resource list for substance abuse information; (2) a sample survey questionnaire eliciting information on student drug involvement; (3) survey findings from the questionnaire distributed at Kent State University; and (4) a sample drug education presentation. (JD)

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Drug Education For University Students And Residence Services

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Abstract

In hopes of dealing with student drug/alcohol-related problems, a project was conducted which required the collaborative efforts of drug educators and university residence service personnel. The setting was the Kent State University campus in Kent, Ohio, during the 1981-82 school year. Discussed in this manuscript are the attempts at providing drug information and drug education not only to students but also residence directors (R.D.s) and residence student advisors (R.S.A.s).

Introduction

Like other health issues, drug use and abuse trends have been dictated by changes in the technological, political, economical, and social institutions of the American public. Included among these trend-setters is the influence of unique lifestyles of specific population groups. Drug use and abuse among collge students, for instance, has continued if not increased over the last decade. Alcohol has consistently been the drug of choice.[1,2,3,4] Ten to 20 percent of those college students who reportedly drink, do so at high frequencies and with great amounts.[5,6] Marijuana has been the second most commonly used drug although differences in incidence and prevalence rates have been reported.[1,2] The use of amphetamines, barbiturates, LSD, and cocaine has increased in this population.[3,4] Added to this list are the currently popular substances of PCP and methaqualone.[4]

Within the college population, peer influence has appeared to be an important factor in drug use trends.[7,8,9] Users and nonusers alike have reported how social normative beliefs and peer pressure exert considerable influence on individuals' decisions about drug involvement.[9] Some researchers have cited that the greatest increase in drug use occurs during the first year of college when student are living on campus; the main causative factor being a drug-accepting environment.[8,10] Conceivably, a body of knowledge on students' perception of drug involvement by others would provide insight into the campus drug use environment. This knowledge, coupled with data on students' social interactions, may reflect factors which contribute to and mediate person drug decisions.[11,12,13]

The management and reduction of drug use and abuse on campus requires the efforts of many professionnals and specialists - including the health educator. By linking with other concerned campus personnel, the "problem" of student drug use and abuse could be better defined and understood. Methods of responding to the defined problem could be uniformily organized. Efforts to remedy the situation could be engaged cooperatively. Also, evaluation of effort could be a shared recognition.

Basic drug education programming is the key approach to addressing and reducing drug-related problems. Yet it needs the involvement and support of concerned individuals from the campus and community.

Faced with the prevalence of student drug use and abuse, a project was undertaken which combined drug education with residence hall services at Kent State University, Kent, Ohio. Specifically, the Department of Residence Services worked in conjunction with the Department of Health and Safety Education during the 1981-82 academic year in order to accomplish a three-fold task: 1) provide substance abuse awareness to residence hall students by disseminating drug information, 2) institute drug education programming in residence halls, and 3) supplement the training of residence hall directors (R.D.s) and resident student advisors (R.S.A.s) with drug education.

Procedure

To accomplish this three-fold task, personnel from the Department of Residence Services developed the Substance Abuse Committee. Comprising the committee were: one area coordinator (supervises residence hall directors in a five dorm area), two residence hall directors (R.D.s), and two resident student advisors (R.S.A.s). To complement this committee, a faculty member from the Department of Health and Safety Education contributed expertise in drug education programming. It should be noted that each subtask of this project was achieved but only with varying degrees of success. Therefore, the attempts at completing this project are presented along with a discussion of factors which influence the success.

Drug Abuse Awareness

During the school year, both the committee and the faculty member were responsible for obtaining drug information/education materials from national clearinghouses, and state and local agencies. A compiled list of resources has been provided in Appendix A. These materials (i.e. pamphlets, brochures, and posters) were distributed to the residence hall population. While some of the materials

had to be purchased by the Department of Residence Services, a number of agencies and organizations contributed complimentary supplies. Considering the campus population at that time, approximately 6,000, a system had to be devised for the fair distribution of this substance abuse awareness information. A resource network was arranged by various R.D.s who issued materials to R.S.A.s. Subsequently, these materials were channeled to the students via floor meetings (R.S.A.s conferring with students on their floors).

One other feature was included to the drug abuse awareness campaign on campus. The Department of Health and Safety Education donated a series of pamphlets produced by the Channing L. Bete Company.[14] These drug abuse awareness pamphlets, along with a display case, were exhibited at the campus health center. Thus, students living on or off campus had access to this kind of information.

Drug Education Programming

A number of drug education presentations in the residence halls was slated for the academic year. Yet before this was initiated, a campus-wide survey was proposed in order to determine students' drug involvement. It was believed that the drug education programming would be more effective if it was relevant to students' drug use and abuse backgrounds.

The Survey. The Student Drug Involvement Questionnaire was constructed by the efforts of the Substance Abuse Committee, the faculty member, and a graduate student in community health education. This instrument corsisted of four sections: background information, drug involvement of other students (as perceived by the respondent), personal drug involvement, and personal involvement with alcohol. The questionnaire is located in Appendix B. It should be noted that items for these sections were borrowed from published works.[5,15,16] Upon approval by the University's Human Subjects Review Board, the questionnaire was distributed to students enrolled in sociology and health education courses. The original intent was to collect data from a ten percent stratified random sample of the campus population. The Department of

Residence Services decided, however, that this endeavor was not feasible. Therefore, a total of 212 campus living students were selected as subjects from the undergraduate courses previously mentioned.

Data were computer analyzed by determing frequency of response for each item. Also, correlational analysis was used to determine associations between actual drug use and perceived drug use; and between alcohol use and frequency of alcohol-related problems. The findings are reported in Appendix C.

The Programming. The presentations scheduled for the residence halls required the developmert of basic components in drug education programming: problem identification, the mission, needs analysis and assessment (the survey), goals/objectives, students' entering behaviors, the instructional procedure, and evaluation. Ideally, the students would be assisted in responsible decisions about drug involvement by exposing them to educational experiences in the three areas of learning: cognitive, affective, and action. A unique aspect of this programming was the recruitment of students enrolled in a course instructed by the faculty member: HSED 5/44050 - Drug Education Programs. While students in this course had the requirement of participating in a drug education field experience, many (a total of 12) elected to work on this subtask of the project. Meaning that, these class members aided in the planning and developing of the drug education presentations for the university residence hall population. Under the auspices of the faculty member this program was documented and is displayed in Appendix D. Another noteworthy point, each program component was based on input from the Substance Abuse Committee, a staff member from a community health education agency, two student campus security officers, as well as the faculty member and his students.

The program, at this date, has not been implemented. In its written form it was deemed acceptable. However, the implementation of the drug education program was difficult to conceptualize by representatives of the Substance Abuse Commitee and the Department of Residence Services. The reasons behind the postponement are

discussed later in this paper.

R.D. and R.S.A. Drug Education Training

A successful portion of the project was the inclusion of drug education into the training of R.D.s and R.S.A.s. A training session was provided to each group and enlisted the efforts of the Substance Abuse Committee, the faculty member with his students, the staff member from a community health agency, and a paramedic from the campus voluntary ambulance service. Each session consisted of discussion and activities in the following areas:

1) Information about psychoactive drugs (basic pharmacology, classification according to C.N.S. activity, present trends in drug involvement)
2) Determinants of drug behavior (Contributing factors to responsible and irresponsible drug practices; the influences of knowledge, attitudes, values, etc. on drug involvement)
3) Primary prevention of drug abuse (promoting educated decision-making before problems develop)
4) Secondary prevention of drug abuse (early detection of drug abuse, intervention techniques, drug reaction management exercises, first aid for drug O.D.)
5) Incorporating drug education programs into student activities on campus (getting involved in programs that provide a variety of learning experiences)

Evaluative Discussion

Much needs to be discussed about the aforementioned. The collaboration of drug education and residence services was an ambitious undertaking with outstanding potential. Effort was made to accomplish a three-fold task. Yet, success was only partial in some cases. Comments and critical observations must be included in this section since the project lacked formal evaluation.

Drug Abuse Awareness

The dissemination of drug information packets was well-accepted by the student body. All storage banks of such materials were quickly depleted dur to continuous requests by R.D.s and R.S.A.s. It was believed by the Substance Abuse Committee and the faculty member that students have a keen interest in drug use and abuse matters. This interest or captivation may be the result of the unique college lifestyle but also an apparent lack of prior exposure to material of this kind. To dat, the additional petitions for drug information packets have been bet, in part, by supplying the university health center with pamphlets, brochures, and posters. As a supplementary resource, students in the faculty member's offered course, HSED 5/44050 - Drug Education Programs, have provided hand-made samples of these materials.

Drug Education Programming

Success seemed to be somewhat limited with this subtask. A good question to pose is: What interfered with the implementation of the drug education presentations to the dorms? An answer to this may be that the University 's Department of Residence Services had difficulty in perceiving and understanding the nature of this subtask and its relation to their operations. Quite often the notion of drug education was mistakenly confused with drug information. The faculty member tried to point out that drug education is more than distributing pamphlets and presenting slides on drug abuse By "walking in the shadow" of a successful drug abuse awareness campaign, the more sophisticated drug education presentations received apparently less support by campus personnel. More needs to be done to demonstrate how drug information is a part of drug education.

By no means has this subtask been abandoned. In fact, drug education presentations for the students have been planned for the 1982-83 school year. Already this plan has engendered a great deal of enthusiasm on the parts of the Substance Abuse Committee and the Department of Residence Services. The next sensible step

will be to assist campus personnel in conceptualizing and articulating the role of drug education presentations in the residence halls. A good starting point for this course of action will be the development of a policy statement by the Substance Abuse Committee. Reflected in this statement would be a clear and unequivocal description of what constitutes a comprehensive drug education program for the residence halls.

R.D. and R.S.A. Drug Education Training

Drug education as a part of R.D. and R.S.A. training was enthusiastically accepted by the participants as well as the Department of Residence Services. Viewed as an important consideration, residential supervisors' involvement in students' drug-related problems, ample support was given to the Substance Abuse Committee, the faculty member and his students, the campus paramedic, and the staff person from the community health agency.

In the first portion of training, information about psychoactive drugs, R.D.s and R.S.A.s responded well to drug knowledge pretests, a slide presentation, and ensuring small group discussions. These activities comprised the greatest slot of time in the training program. The participants were earnestly interested in developing fundamental knowledge about drugs and their place in university student lifestyle. After the training program and during the weeks that followed, numerous requests were received by the faculty member to duplicate this presentation in various residence halls. At this point it should be explained that the R.D.s and R.S.A.s unawaringly perceived this presentation as being a drug education program. This confusion on the part of R.D.s and R.S.A.s further supported the observation that until residence services understands the difference between drug information and drug education, it will be difficult to comprehensively institute the latter in residence halls.

With the second segment of training, the staff person from the community health agency delivered a lecture on the determinants of drug behavior. The participants

were intently receptive to his lecture and discussion on the "disease concept" of drug and alcohol abuse/dependency. Much of this presentation was based on training he received from Community Intervention, Inc.[16]

In the third portion of training, the participants seemed satisfactorily responsive to primary prevention of drug abuse. While the idea or theory of "preventing a problem before it starts" was comprehensible, the means of operationalizing it seemed obscure to the R.D.s and R.S.A.s. Perhaps the material from lecture and discussion was too abstract since the participants, when queried about examples of primary prevention, could only offer methods which seemed, by nature, more secondarily preventive (i.e. increase drug abuse awareness, intensify residence hall security).

Probably the most popular section of the training program, as gauged by the participants enthusiasm, was secondary prevention of drug abuse. Here the participants were exposed to learning opportunities, designed by the staff person from the community health agency, regarding drug abuse intervention for students. The R.D.s and R.S.A.s enjoyed the drug reaction management exercises adopted from an organization entitled Project Outreach.[17] Moreso, nearly every participant was engrossed with the paramedic's lecture and discussion on drug overdoses. It became apparent to the authors that participants viewed secondary prevention, rather than primary prevention, as being more pertinent and relevant to their duties and concerns. An explanation of this could be that the problem is more tangible and dramatic in secondary prevention than in primary prevention.

In the last portion of training, participants were asked to devise means of incorporating drug education programs into student acticities on campu. The R.D.s and R.S.A.s were inclined to suggest drug information presentations, modeled after the one designed by the faculty member, and secondary prevention activities. Primary prevention, however, was not overlooked since it was believed that activities along this line could be incorporated into an "Alternative High Week" at Kent State University. During this time, students would be encouraged to participate in a num-

ber of devised campus activities which render "drug-free highs." Examples would be meditation, recreation, "new games," and others.

Conclusion

This project represented a major first step in drug education programming for Kent State University students and residence services. While the success was limited in one subtask, drug education programming in residence halls, by and large, the project members were satisfied with their efforts. It appeared to the authors that more comprehensive drug education would be implemented but only after members from residence services are aided in differentiating it from drug information. For the most part, a confluence of interest and energy took place between the Department of Residence Services and the Department of Health and Safety Education. The Substance Abuse Committee held a vital role in actualizing this project. Interestingly enough, while refinements in this project are in process, additional ideas are being considered. Recently the Substance Abuse Commitee suggested the enlistment of program strategies and materials from BACCHUS.[18] The BACCHUS program is a guide for community action to promote responsible decisions about drinking. Also being considered is the adoption of "Prevention On Tap."[19] This in an environmental alcohol abuse prevention approach for campus pubs. In sum, the information and material contained herein testify to the efforts of campus and community persons in responding to the drug-related problems of university students.

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13. C. Carney Strange and Marlin R. Schmidt, "College Student Perceptions of Alcohol Use and Differential Drinking Behavior," Journal of College Student Personnel, 20 (January 1979): 73-79.

14. Channing L. Bete Co., Inc., Greenfield, Massachusetts, 01301

15. Gerald Halpin and Thomas Whiddon, "Drug Education: Solution or Problem?" Psychological Reports, 40 (January 1977): 372-375.

16. John D. Swisher and John J. Horan, Pennsylvania State University Evaluation Scale, Accountability in Drug Education, The Drug Abuse Council, Inc., Washington, D.C., (1973): 87-99.

17. Community Intervention, Inc., 220 South Tenth Street, Minneapolis, Minnesota, 55403.

18. Project Outreach, 290 East Market Street, Warren, Ohio, 44481.

19. Gerardo M. Gonzalez, The BACCHUS Handbook, Alcohol Abuse Prevention Program, (University of Florida), BACCHUS, 1300 Pennsylvania Building, Washington, D.C., 20004.

20. Prevention on Tap, U.S. Department of Health and Human Services, Public Health Administration: Alcohol, Drug Abuse, and Mental Health Administration; N.I.A.A.A., 5600 Fishers Lane, Rockville, Maryland, 20857.

Appendix A

Resource List For Substance Abuse Information

Information on Alcohol Abuse and Alcoholism - National

1. National Institute on Alcohol Abuse
   and Alcoholism
   National Clearinghouse for Alcohol Information
   Box 2345
   Rockville, Maryland 20852

2. National Brewers Association
   1750 K Street, N.W.
   Washington, D.C. 20006

3. [illegible]n For Sobriety, Inc.
   P.O. Box 618
   Quakertown, Pennsylvania 18951

4. Distilled Spirits Council of the
   United States, Inc. (D.I.S.C.U.S.)
   425 Thirteenth Street, N.W.
   Suite 1300
   Washington, D.C. 20004

5. Alcoholics Anonymous General Services
   468 Park Avenue South
   New York, New York 10016

6. Al-Anon Family Groups Headquarters
   P.O. Bos 182
   Madison Square Station
   New York, New York 10016

7. Inner City Council on Alcoholism, Inc.
   4365 North 27th Street
   Milwaukee, Wisconsin 53216

8. National Council on Alcoholism, Inc.
   733 Third Avenue
   New York, New York 10017

9. Alcoholism Magazine
   Foundation for Alcoholism
   P.O. Box C-19051
   Seattle, Washington 98109

10. Navy Alcohol Safety Action Program
    Naval Station Box 80
    San Diegor, California 92136

11. The Advertising Council, Inc.
    825 Third Avenue
    New York, New York 10022

12. Operation Threshold, Inc.
    United States Jaycees
    Box 7
    Tulsa, Oklahoma 74102

13. Kemper Insurance Company
    Long Grove, Illinois 60049

14. Allstate Insurace Company
    Northbrrok, Illinois 60051

15. BACCHUS
    1300 Pennsylvania Building
    Washington, D.C. 20004

Information on Alcohol Abuse and Alcoholism - State and Local

1. The State Prevention Coordinator
   The Ohio Department of Health
   Division of Alcoholism
   450 E. Town Street
   P.O. Box 118
   Columbus, Ohio 43216

2. Region Ten Council on Alcoholism
   450 Grant Street
   Suite 301
   Akron, Ohio 44311

3. Alcoholics Anonymous
   41 High Street
   Akron, Ohio 44308

4. Akron Health Department/Alcoholism
   Division
   177 S. Broadway
   Akron, Ohio 44308

5. Alcohol Chemical Abuse Program
   313 Fuller
   Akron, Ohio 44306

6. Portage County/Health Department
   Alcoholics Problems Clinic
   449 South Meridian Street
   Ravenna, Ohio 44266

7. Portage County Alcoholism Services
   602 S. Chestnut Street
   Ravenna, Ohio 44266

8. Robinson Memorial Hospital
   Medical Social Services
   6847 North Chestnut Street
   Ravenna, Ohio 44266

Information on Drug Abuse and Dependence - National

1. Alcohol and Drug Problems Association of North America
   1101 Fifteenth Street, N.W.
   Suite 204
   Washington, D.C. 20005

2. Addiction Research Foundation
   33 Russel Street
   Toronto, Ontario
   Canada M5S 2S1

3. Alcohol and Drug Publications
   1101 Fifteenth Street, N.W.
   Washington, D.C. 20015

4. Chit Chat Foundation
   Box 277 Galen Hall Road
   Wernersville, Pennsylvania 19565

5. Community Intervention, Inc.
   220 South 10th Street
   Minneapolis, Minnesota 55403

6. Do It Now Foundation
   P.O. Box 5115
   Phoenix, Arizona 85010

7. Mainstream, Inc.
   1200 Fifteenth Street, N.W.
   Suite 403
   Washington, D.C. 20005

8. National Drug Abuse Center for Training and Resource Development
   5530 Wisconsin Avenue, N.W.
   Washington, D.C. 20015

9. Project Return Foundation
   444 Park Avenue South
   New York, New York 10016

10. U.S.D.E.A.
    1405 I Street, N.W.
    Washington, D.C. 20537

11. The U.S. Journal of Drug and Alcohol Dependence, Inc.
    2119-A Hollywood Blvd. 33020

12. WACADA
    1221 Massachusetts Avenue, N.W.
    Washington, D.C. 20005

13. Therapeutic Communities of America
    170 Westminister Street
    Providence, Rhode Island 02903

14. Veterans Administration
    810 Vermont Avenue, N.W.
    Washington, D.C. 20420

15. Haight Ashbury Training and Education Project
    409 Clayton Street
    SanFrancisco, California 94117

16. Monday Morning Report
    American Business Men's Research Report
    Suite 1208
    Michigan National Tower
    Lansing, Michigan 48933

17. Potsmokers Anonymous
    316 E. Third Street
    New York, New York 10009

18. Project DAWN
    IMS American, Ltd.
    Ambler, Pennsylvania 19002

19. The Proprietary Association
    1700 Pennsylvania Avenue, N.W.
    Washington, D.C. 20006

20. Encyclopedia Education Corporation
    Chicago, Illinois 60611

21. National Clearinghouse for
Drug Abuse Information
Room 10A-53
5600 Fishers Lane
Rockville, Maryland 20857

22. National Coordinating Council on
Drug Education
1211 Connecticut Avenue, N.W.
Washington, D.C. 20036

23. Alcohol, Drug Abuse, and Mental Health
Administrator Communication Network
Office of Communication and Public Affairs
5600 Fishers Lane
Rockville, Maryland 20852

24. The Center for the Study of
Drug Development
U. of Rochester Medical Center
School of Medicine and Dentistry
Rochester, New York 14642

25. Pharm. Chem Research Foundation
1844 Bay Road
Palo Alto, California 94303

26. Straight Arrow Books
625 Third Street
San Francisco, California 94107

27. Narcotics Addiction Control Commission
Executive Park South
Albany, New York 12203

28. American Pharmaceutical Association
2215 Constitution Avenue, N.W.
Washington, D.C. 20237

29. Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W.
Washington, D.C. 20005

30. Executive Office of the President
Special Action Office for Drug Abuse Prevention
P.O. Box 1100
Washington, D.C. 20008

31. The National Foundation/March of Dimes
Box 2000
White Plains, New York 10602

32. Education Commission of the States
1860 Lincoln Street
Suite 300
Denver, Colorado 80295

33. National Association of
Blue Shield Plans
211 E. Chicago Avenue
Chicago, Illinois 60053

34. Consumer Information Center
Pueblo. Colorado 81009

35. National Clearinghouse for
Mental Health Information
Public Inquiries Section
Room 11A-21
5600 Fishers Lane
Rockville, Maryland 20857

36. Mental Health Association
1800 N. Kent Street
Arlington, Virginia 22209

37. American Medical Association
Committee on Alcoholism and
Drug Dependence
535 North Dearborn Street
Chicago, Illinois 60610

38. American School Health Association
S. Water Street
Kent, Ohio 44240

39. National Education Association
1201 16th Street, N.W.
Washington, D.C. 20036

40. Narcotics Education, Inc.
6830 Laurel St. N.W.
Box 4390
Washington, D.C. 20012

Information on Drug Abuse and Dependence - State and Local

1. Ohio Bureau of Drug Abuse
   431 East Braod Street
   Columbus, Ohio 43215

2. American Association Against Addiction
   3250 W. Market Street, #16
   Akron, Ohio 44313

3. Arkon Drug Abuse Clinic
   513 W. Market Street
   Akron, Ohio 44308

4. Akron's House Extending Aid of Drugs (AHEAD)
   633 E. Market Street
   Akron, Ohio 44304

5. Community Drug Board
   227 W. Exchange Street
   Akron, Ohio 44302

6. Townhall II - Helpline
   225 E. College Street
   Kent, Ohio 44240

The following questionnaire presents items concerning drug involvement on your part as well as others at K.S.U. Information from this questionnaire will be used in updating and revising current drug education and counseling services on campus. Keep in mind that your responses will remain confidential. Please respond to all of the the items by bubbling in your answers on the computer sheet. (Remember, do not include your name on the computer answer sheet.)

Background Information (Select only one response for each item)

1) Age
   a) Under 18
   b) 18
   c) 19
   d) 20
   e) 21
   f) Over 21

2) Sex
   a) Female
   b) Male

3) Race
   a) White
   b) Black
   c) Hispanic
   d) Native American
   e) Oriental
   f) Other _____

4) Year in school
   a) Freshperson
   b) Sophomore
   c) Junior
   d) Senior

5) Current or Expected Field of Study
   a) College of Arts/Sciences
   b) College of Education
   c) College of Fine and Performing Arts
   d) College of Business Administration
   e) School of Nursing
   f) School of P.E.R.D.
   g) Undecided

6) What is the most likely source from which you learn about drugs?
   a) Friends
   b) Family
   c) Media
   d) Courses
   e) University personnel
   f) Off-campus personnel
   g) Other _____

Drug Involvement of K.S.U. Students (Select only one response for each item)

From your perspective, how common is the use of the following drugs by fellow students at K.S.U.?

	Not Common		Moderately Common		Extremely Common
	a	b	c	d	e
7) Alcohol	a	b	c	d	e
8) Amphetamines (speed).....	a	b	c	d	e
9) Cocaine	a	b	c	d	e
10) Inhalants (amyl nitrate/ nitrous oxide)	a	b	c	d	e
11) LSD	a	b	c	d	e
12) Marijuana	a	b	c	d	e
13) Narcotics (i.e. heroin)..	a	b	c	d	e
14) PCP (Angel Dust)	a	b	c	d	e
15) Psilicybin (mushroom) ...	a	b	c	d	e
16) Quaaludes (sopors)	a	b	c	d	e
17) Tranquilizers	a	b	c	d	e
18) Other _____	a	b	c	d	e

Personal Drug Involvement (Select only one Response for each item)

Since the beginning of the school year (September 1981)...

19) You have used alcohol

a) never
b) a few times (1-3) and stopped
c) no more than once a month
d) more than once a month - not daily
e) daily

20) You have used amphetamines (speed)

a) never
b) a few times (1-3) and stopped
c) no more than once a month
d) more than once a month - not daily
e) daily

21) You have used cocaine

a) never
b) a few times (1-3) and stopped
c) no more than once a month
d) more than once a month - not daily
e) daily

22) You have used inhalants (amyl nitrate/ nitrous oxide)

a) never
b) a few times (1-3) and stopped
c) no more than once a month
d) more than once a month - not daily
e) daily

23) You have used LSD

a) never
b) a few times (1-3) and stopped
c) no more than once a month
d) more than once a month - not daily
e) daily

24) You have used marijuana

a) never
b) a few times (1-3) and stopped
c) no more than once a month
d) more than once a month - not daily
e) daily

25) You have used narcotics (i.e heroin)

a) never
b) a few times (1-3) and stopped
c) no more than once a month
d) more than once a month - not daily
e) daily

26) You have used PCP (Angel Dust)

a) never
b) a few times (1-3) and stopped
c) no more than once a month
d) more than once a month - not daily
e) daily

27) You have used psilocybin (mushroom)

a) never
b) a few times (1-3) and stopped
c) no more than once a month
d) more than once a month - not daily
e) daily

28) You have used quaaludes (sopors)

a) never
b) a few times (1-3) and stopped
c) no more than once a month
d) more than once a month - not daily
e) daily

29) You have used tranquilizers

a) never
b) a few times (1-3) and stopped
c) no more than once a month
d) more than once a month - not daily
e) daily

30) You have used _____ (other drug)

a) never
b) a few times (1-3) and stopped
c) no more than once a month
d) more than once a month - not daily
e) daily

Personal Involvement With Alcohol (Select only one response for each item)

Since the beginning of the school year (September 1981), how many times have you experienced or done the following?

31) Hangover?

a) never
b) 1 - 3
c) 4 - 7
d) 8 - 11
e) 12 or more

32) Nausea and/or voniting due to drinking?

a) never
b) 1 - 3
c) 4 - 7
d) 8 - 11
e) 12 or more

33) Passing out from drinking?

a) never
b) 1 - 3
c) 4 - 71
d) 8 - 11
e) 12 or more

34) Attended class drunk?

a) never
b) 1 - 3
c) 4 - 7
d) 8 - 11
e) 12 or more

35) Missed class due to drinking?

a) never
b) 1 - 3
c) 4 - 7
d) 8 - 11
e) 12 or more

36) Inability to later remember what happened while drinking?

a) never
b) 1 - 3
c) 4 - 7
d) 8 - 11
e) 12 or more

37) Failed to complete an assignment and/or failed an exam due to drinking?

a) never
b) 1 - 3
c) 4 - 7
d) 8 - 11
e) 12 or more

38) Stolen unversity or personal propeity while or after drinking?

a) never
b) 1 - 3
c) 4 - 7
d) 8 - 11
e) 12 or more

39) Arguments or fights while or after drinking?

a) never
b) 1 - 3
c) 4 - 7
d) 8 - 11
e) 12 or more

40) Violated dorm (apartment/house) rules while or after drinking?

a) never
b) 1 - 3
c) 4 - 7
d) 8 - 11
e) 12 or more

41) Criticism from others for drinking?

a) never
b) 1 - 3
c) 4 - 7
d) 8 - 11
e) 12 or more

42) Vandalism of university or personal property while or after drinking?

a) never
b) 1- 3
c) 4 - 7
d) 8 - 11
e) 12 or more

43) Driving while or after drinking?

a) never
b) 1 - 3
c) 4 - 7
d) 8 - 11
e) 12 or more

44) Car accident when driving while or after drinking?

a) never
b) 1 - 3
c) 4 - 7
d) 8 - 11
e) 12 or more

Appendix C

Survey Findings

Subjects

The sample was made up 212 campus living students enrolled in the following classes at Kent State University: Introduction to Sociology, First Aid, and Health Careers. See Table 1 for demographic data.

TABLE 1

BACKGROUND INFORMATION
(Percents of Sample)

AGE		SEX		RACE	
Under 18	1.6	Female	61.7	White	90.6
18	14.1	Male	38.3	Black	6.3
19	32.8			Hispanic	0
20	21.1			Native American	0
21	12.5			Oriental	1.6
Over 21	18.0			Other	1.6

YEAR IN SCHOOL		CURRENT OR EXPECTED FIELD OF STUDY	
Freshperson	38.3	College of Arts/Sciences	28.1
Sophomore	28.9	College of Education	5.5
Junior	18.8	College of Fine and Performing Arts	17.2
Senior	13.8	College of Business Administration	21.9
		School of Nursing	14.8
		School of P.E.R.D.	10.9
		Undecided	1.6

WHAT IS THE MOST LIKELY SOURCE FROM WHICH YOU LEARN ABOUT DRUGS?			
Friends	65.6	University Personnel	0
Family	2.3	Off-Campus Personnel	0
Media	14.8	Other	1.6
Courses	15.6		

Drug Involvement of Other Students

According to data analysis, the drug involvement of other students (as perceived

by the respondent) was calculated and presented to Table 2.

TABLE 2

FREQUENCY OF STUDENT DRUG USE AS PERCEIVED BY STUDENTS
(Percents of Sample)

Drug	FREQUENCY OF PERCEIVED USE Not Common a.	b.	Moderately Common c.	d.	Extremely Common e.
Alcohol	2.3	1.6	3.1	18.0	75.0
Amphetamines	6.3	8.6	41.4	28.9	14.8
Cocaine	23.4	40.6	27.3	3.1	5.5
Inhalants	50.8	35.2	11.7	1.6	0
LSD	43.8	31.3	17.2	7.0	.8
Marijuana	3.1	4.7	13.3	24.2	54.7
Narcotics	57.0	25.0	10.9	4.7	2.3
PCP	57.0	27.3	11.7	2.3	1.6
Psilocybin	53.1	32.8	10.9	1.6	1.6
Quaaludes	19.5	25.0	28.9	18.0	8.6
Tranquilizers	25.8	26.6	4.4	7.0	6.3
Other	33.6	12.5	17.2	4.7	4.7

Alcohol was clearly the predominant drug as 93 percent of the subjects ranked as more than common, and 75.4 percent ranked it as extremely common. Marijuana was perceived as more than moderately common by 79.2 percent of the subjects, and extremely common by 55.4 percent. Amphetamines, ranked as more than moderately common by 43.9 percent of the subjects, was not perceived much more commonly used than the other drugs. Moderately common drugs were, in order of most to least commonly used, quaaludes, tranquilizers, cocaine, and LSD. The drugs perceived to be least commonly used were narcotics, PCP, inhalants, and psilocybin.

Personal Drug Involvement

According to Table 3, calculated frequency of response for personal drug use, alcohol and marijuana were the most commonly used drugs. Alcohol and/or marijuana were reportedly used more than once a month by 71.5 percent and 20.7 of the subjects respectively. However, 2.3 percent of the subjects reported using alcohol daily

whereas 6.1 percent reportedly daily use of marijuana. No more than two subjects (.8 percent) reported daily use of any other drug. Amphetamine use was reported as comparatively common as 12.6 percent of the subjects reported at least monthy use. Marijuana and amphetamines were the most commonly tried drugs with no continued use. Most students (86.2 - 96.2 percent) never tried narcotics, PCP, psilocybin, LSD, inhalants, quaaludes, or tranquilizers. Of those subjects who did, the substances of inhalants, quaaludes, LSD, and tranquilizers appeared to have been tried at least once. Also, a small portion of the sample (2 percent) reported to have used these substances at least monthly. Cocaine was also reported as the most untried (79.1 percent), but of those who did try it, about half continued at least occasional use (10 percent).

STUDENTS' PERSONAL DRUG USE FROM SEPTEMBER, 1981 TO APRIL, 1982
(Percents of Sample)

	FREQUENCY OF PERSONAL USE				
Drug	Never a.	1-3 times and stopped b.	No more than once a month c.	More than once a month, not daily d.	Daily e.
Alcohol	10.9	7.8	8.6	70.3	2.3
Amphetamines	61.7	21.9	4.7	10.9	.8
Cocaine	78.1	10.9	7.0	5.5	.8
Inhalants	88.3	8.6	.8	2.3	0
LSD	87.5	9.4	0	1.6	.8
Marijuana	40.6	26.6	11.7	14.1	7.0
Narcotics	96.1	1.6	1.6	0	.8
PCP	93.0	6.3	0	0	.8
Psilocybin	91.4	7.0	.8	.8	0
Quaaludes	86.7	10.9	0	2.3	0
Tranquilizers	85.9	10.2	1.6	1.6	.8
Other	72.7	7.8	2.3	.8	.8

Personal Involvement With Alcohol

As seen in Table 4, calculated frequency of response for alcohol-related problems, only 28.5 percent of the subjects had ever experienced at least one alcohol-related

problem. The most frequently occurring problem was driving while or after drinking, as 13.1 percent of the subjects reported at least 12 incidents; and hangover was the second most frequent problem as almost nine percent reported at least 12 incidents. Most other problems occurred as often for less than one percent of the sample, except nausea and vomiting (about two percent), inability to later remember (about three percent), violation of residence rules (about two percent), and criticism from other for drinking (about two percent). Missing class and arguments and fighting occurred with moderate frequency. Missing class occurred at least once a month in 18.5 percent of the sample, and about nine percent reported four to 11 incidents. Similarly , 20.2 percent of the sample reported involvement in arguments and/or fights at least once, and almost nine percent reported four to 11 incidents. Car accidents and theft occurred least frequently, having never occurred for 94.5 percent and 93.1 percent of the sample respectively. Still, at least one subject reported 12 or more car accidents while or after drinking, and six subjects reported stealing eight to 11 times.

Hangovers and nauses and/or vomiting were experienced one to three times by 45.5 percent and 36.9 percent of the sample respectively, making these problems the most common in terms of number of respondents involved. Driving while or after drinking (29.2 percent) and inability to remember (26.9 percent) were also relatively common in this respect. Other problems were fairly commonly reported to have occurred one to three times. These problems were passing out (23.1 percent), vandalism (almost 11 percent), attendance to class drunk (12.5 percent), and failure to complete an assignment and/or failure of an exam (ten percent). More frequent occurrence of these problems was rare.

TABLE 4

STUDENTS' PHYSICAL, ACADEMIC, AND SOCIAL PROBLEMS
DUE TO ALCOHOL USE FROM SEPTEMBER, 1981 TO APRIL, 1982
(Percents of Sample)

Problem	FREQUENCY OF OCCURRENCE Never a.	1-3 b.	4-7 c.	8-11 d.	12 or more e.
Hangover	27.3	37.5	16.4	10.2	8.6
Nausea/ Vomiting	43.0	46.1	7.8	.8	2.3
Passing Out	72.7	23.4	2.3	.8	.8
Attended Class Drunk	87.5	10.2	1.6	0	.8
Missed Class	71.1	18.8	7.8	1.6	.8
Inability to Later Remember	61.7	27.3	4.7	3.1	3.1
Failed to Complete Assignment/ Failed Exam	88.3	10.2	.8	0	.8
Stolen University/Personal Property	93.0	2.3	3.1	1.6	0
Arguments/ Fights	70.3	20.3	5.5	3.1	0
Violated Dorm/ Apartment/ House Rules	70.3	18.0	5.5	3.9	2.3
Criticism from Others for Drinking	75.0	20.3	2.3	0	2.3
Vandalism	86.7	10.9	2.3	0	0
Driving While Drunk	40.6	29.7	8.6	7.8	13.3
Car Accident	93.8	3.9	0	0	.8

Preceived Drug Use By Others and Actual Use

Perceived drug use by others for each drug was correlated with actual use of the same drug. According to Table 5, high correlation coefficients between perceived use by others and actual use did not exist for any drug. The highest correlation coefficients were for psilocybin (.39) and quaaludes (.28). Correlations coefficients were similar for marijuana (.26), LSD (.25), and narcotics (.25). Tranquilizers (.24),

PCP (.23), and cocaine (.22) had lower correlation coefficients. Yet even lower coefficients were registered for alcohol (.18), amphetamines (.17), and inhalants (.15).

TABLE 5

CORRELATIONS OF PERCEIVED USE OF EACH DRUG AND ACTUAL USE OF THE SAME DRUG

Alcohol	.18*
Amphetamines	.17
Cocaine	.22*
Inhalants	.15*
LSD	.25*
Marijuana	.26*
Narcotics	.25*
PCP	.23*
Psilocybin	.39*
Quaaludes	.28*
Tranquilizers	.24*

* Denotes significance at the .05 level.

Perceived Alcohol Use and Alcohol-Related Problems

Actual alcohol use was correlated with each item list for alcohol-related problems. According to Table 6, the highest correlation coefficient was between alcohol use and hangovers (.54). Nausea/vomiting (.42), driving while or after drinking (.38), missed class (.33), arguments/fights (.31), and inability to later remember (.29) were also positively associated with actual alcohol use than other items. Similarily, violated dorm rules, passing out, vandalism, and criticism from others for drinking were moderately related to alcohol use. Correlation coefficients for alcohol use and attended class drunk, failed to complete assignment or failed an exam, car accident, and stolen university/personal property were very low; none were higher than .11.

TABLE 6

CORRELATIONS OF ACTUAL ALCOHOL USE WITH EACH ALCOHOL-RELATED PROBLEM

Problem	Correlation
Hangover	.53*
Nausea/ Vomiting	.42*
Passing Out	.21*
Attended Class Drunk	.11
Missed Class	.33*
Inability to Later Remember	.29*
Failed to Complete Assignment/ Failed Exam	.16
Stolen University/Personal Property	.05
Arguments/ Fights	.31*
Violated Dorm/ Apartment/ House Rules	.23*
Criticism from Others for Drinking	.19*
Vandalism	.21*
Driving While Drunk	.38*
Car Accident	.09

* Denotes significance at the .05 level.

A DRUG EDUCATION PRESENTATION

FOR KENT STATE UNIVERSITY STUDENTS

Drug Education Programs
HSED 44050-54050

CONTENTS

I. PROBLEM

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III. NEEDS ANALYSIS AND ASSESSMENT

IV. GOAL/OBJECTIVES

V. ASSESSMENT OF ENTERING BEHAVIORS

VI. INSTRUCTIONAL PROCEDURE

VII. EVALUATION

PROBLEM

Nature: People are using drugs in proportions which may have an adverse effect on their health.

Extent: Drugs are being used to a greater extent than in previous years. It appears that the problems of misuse and abuse are growing.

Significance: Drug use, misuse, and abuse can be affected by educational techniques.

These are findings which have been extrapolated from data obtained from local University students, physicians, psychologists, nurses, community agency staff members, dormitory personnel, security officials, professors, graduate assistants, and drug education experts.

MISSION

The student will develop an awareness of responsible use of drugs after being exposed to educational activities and alternatives so as not to adversely effect his physical and mental health, family life, employment, and freedom.

Needs Analysis and Assessment

In a survey of 212 K.S.U. studentsm living in residence halls, it was found that:

1. Students perceived alcohol to be the most commonly used drug. Marijuana and amphetamines were perceived to be commonly used, but not so much as alcohol.
2. Alcohol was clearly the most commonly and most frequently used druq. Marijuana use and amphetamines use were more common than the use of other drugs.
3. Daily use of marijuana was slightly more common than daily use of alcohol
4. According to perceived use by others and actual use, most students had never tried narcotics, PCP, psilocybin, LSD, inhalants, quaaludes, or tranquilizers. Of those students who tried these drugs, very few reported even monthly use of the drug.
5. Cocaine was mostly untried, but about ten percent of the sample reported at least occasional use.
6. Only 28.5 percent of the sample reported no experience with alcohol-related problems.
7. Driving while or after drinking and hangover were the most frequent alcohol-related problems. Missed class and arguments and fights were moderately frequent.
8. Hangover and nausea and/or vomiting were experienced by the largest number of students. Driving while or after drinking and inability to later remember were also relatively common in this respect.
9. Passing out, vandali[illegible] attended class drunk, and failure to complete an assignment and/or failure of an exam involved moderate proportions of the sample but at low frequency of occurrence.
10. Personal use of alcohol was positively associated with the occurrence of alcohol-related problems. The strongest associations were between alcohol use and hangovers, nausea/vomiting, driving while ar after drinking, missed class, arguments and fights, and inability to later remember.

11. Perceived use of drugs by others was positively, but not strongly, associated with personal use of drugs. Correlation coefficients were highest for psilocybin and quaaludes.

Interpretation of these results suggest that K.S.U. students living on campus view drug use as a relatively common occurrence among their peers. A noticeable number or percent of students report actual use of these substances. Some of these users report problems as precipients of alcohol intake. Relationships between perceived use of drugs by others with actual use; personal involvement with alcohol and alcohol-related problems seemed to confirm the immediate need for responsible drug use (nondrug use) on the part of K.S.U. students. It is hoped that this drug education program can fulfill this need.

Goal and Objectives

Goal: The goal of this drug education presentation is enable the student to make educated decisions about the use or nonuse of psychoactive substances - thus promoting healthy behavior in respect to drug involvement.

Objectives:

Cognitive - The student will be able to identify at least three (3) short-term and three (3) long-term effects of various psychoactive substances which he/she may encounter on the university campus.

The student will be able to identify at least three (3) alternatives to using, misusing, or abusing any of the psychoactive substances that are discussed in this presentation.

Affective - The student will be able to express his/her feelings, attitudes, and/or opinions regarding personal drug use and the drug use of others on campus.

- The student will be able to accept and respect other students' feeling, attitudes, and/or opinions regarding drug involvement.

Action - The student will be able to act-out situations which require coping with factors that contribute to drug use, misuse, and abuse.

- The student will be able to demonstrate responsible decison-making regarding the use of certain psychoactive substances.

Assessment of Entering Behaviors -
Drug Knowledge, Attitudes, and Use

Knowledge - Circle T for true and F for false

T F 1. Alcohol is technically a depressant.

T F 2. Cocaine users do not develop a tolerance to this drug.

T F 3. LSD is a physically addicting drug.

T F 4. Marijuana can distort time and depth perception.

T F 5. Driving an automobile after taking a tranquilizers could be dangerous.

T F 6. Amphetamines are known to increase a person's appetite.

T F 7. A person who consistently uses narcotics will experience a reduction in sex drive.

T F 8. PCP is most likely to calm a person down.

T F 9. There a very few side effects to using inhalants.

T F 10. It is quite possible that a person could develop a dependence on quaaludes.

Attitudes - Place the letter of the most appropriate response in the space provided

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
A	B	C	D	E

_____ 1. It is risky for me to use LSD (acid).

_____ 2. I think pep pills (speed) help people to work better.

_____ 3. I believe it would be a better to place to live is less people got drunk.

_____ 4. I look up to people who get "high" on marijuana.

_____ 5. I think the use of psilocybin (magic mushroom) is unhealthy for me.

_____ 6. If someone offered me a quaalude I would probably take it.

_____ 7. You will never see me taking a narcotic.

_____ 8. I think cocaine makes good parties.

_____ 9. I think doctors should think twice about prescribing so many tranquilizers.

_____ 10. It is okay for me to use LSD.

Use - Place the letter of the most appropriate response in the space provided.

Heavy	Moderate	Light	Infrequent	Abstainer
A	B	C	D	E

_____ 1. My use of quaaludes.

_____ 2. My use of marijuana.

_____ 3. My use of alcohol.

_____ 4. My use of narcotics

_____ 5. My use of LSD.

_____ 6. My use of amphetamines.

_____ 7. My use of cocaine.

_____ 8. My use of inhalants.

_____ 9. My use of tranquilizers.

_____ 10. My use of psilocybin.

Instructional Procedure

Suggested Design for a Two Hour Presentation

Minutes		Area of Learning
25	I. Introduction	
	Speaker	
	Assessment of Entering Behaviors	Cognitive/Affective/Action
	Get-Acquainted Activity (T-Shirts)	Affective/Action
35	II. Drug Use, Misuse, Abuse	
	Slide Presentation	Cognitive
	Lecture and General Discussion	Cognitive/Affective
	Small Group Discussion	Affective
5	III. Break	
10	IV. Review of Drug Use, Misuse, Abuse	
	General Discussion	Cognitive/Affective
35	V. Responsible vs. Irresponsible Drug Involvement	
	Role-Playing Situations	Affective/Action
	Small Group Discussion	Affective
10	VI. Closing	
	Final Comments Handouts and Pamphlets Evaluation	Cognitive/Affective/Action

Get-Acquainted Activity

Participants are to bring a blank T-shirt to the presentation (knowing ahead of time they will be drawing on it). Half of the assembly are asked to color-in the belly-button area of their T-shirts with a red magic marker. The other half of the group will use a blue magic marker. Then, the following directions are orally given to each group:

1) All participants are to write the following on their T-shirts -
   a) On left sleeve of shirt list two things you like to do
   b) On right sleeve of shirt write your favorite place to visit
   c) Above the bellybutton print your name
   d) On the neck of shirt write one of your best qualities
   e) In bottom left corner of shirt write a characteristic you value in other people
   f) In bottom right corner of shirt write one of your goals for the future
2) Join another person with the same colored bellybutton and share your left sleeve
3) The two of you should then join another couple with similarily colored bellybuttons and share the right sleeve
4) The four of you should join with another group of four who have similarily colored bellybuttons and share the rest of the shirt
5) Last, participants with either colored bellybuttons should share shirts with one another

SUGGESTED ROLE PLAYS

1. It's freshman year and you haven't made many new friends yet. While attending your first dorm party you find yourself alone in a corner feeling miserable and isolated while everyone else appears to be having a good time. Finally, a pleasant looking person comes over to you and says, "Hey, this is a party, have a few beers, smoke a joint, enjoy!" You're not sure how you feel about this. You decide to ....

2. You are at a party and a good friend, who is obviously drunk (or high) is taking the keys out of his pocket and getting ready to drive home. He will be dropping off a few of your other friends on the way home. Drinking and driving has become socially acceptable in your crowd as of late, but you don't feel it should be. What happens now?

3. You are seventeen and your sixteen year old sister has a date with her boyfriend. When he arrives, you let him in the door and realize he is obviously drunk (or high) because he is tripping over furniture and talking jibberish. You go upstairs and inform your sister that her boyfriend is "strung out". She tells you to mind your own business. If your parents knew this they would forbid her to see him. What do you do? (Keep in mind that your sister's crowd is also yours and drug use is considered "cool". Your sister and her friends could make life rough on you if you narc -- and why do drugs bother you now that your sister is involved?)

Evaluation

Please answer the following question which relate to the drug education presentation. Your answers will help us to evaluate the effectiveness of the presentation. Also, we will be able to determine your overall reaction to participating in this kind of presentation.

1. Choose a psychoactive drug we discussed tonight and list three (3) short-term effects and three (3) long-term effects of this substance.

2. Please identify at least three (3) alternatives to using, misusing, or abusing any of the psychoactive substances we discussed tonight.

3. After participating in this presentation, what are your feelings, attitudes, and/or opinions regarding your drug use and the drug use of others on campus?

4. In what ways can you accept and respect other students' feelings, attitudes, and/or opinions about drug involvement. In what ways are you unwilling to accept or respect other students' feeling, attitudes, and/or opinions about drug involvement?

5. After participating in the role playing situations, are you more capable of coping with factors that contribute to drug use, misuse, abuse? Please explain.

6. After participating in this presentation, do you think you will demonstrate responsible decision-making regarding the use of certain psychoactive substances? Please explain.